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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. 6664MR	
		First Inventor or Application Identifier Laura Krebs Brown, et al.	
		Title	Cleaning Sheets, Implements, and Articles Useful for Removing Allergens from Surfaces and Methods of Promoting the Sale Thereof
		Express Mail Label No.	EH925148466US

<b>APPLICATION ELEMENTS</b>  See MPEP chapter 600 concerning utility patent application contents.	Assistant Commissioner for Patents <b>ADDRESS TO:</b> Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original and a duplicate for fee processing.) 2. <input checked="" type="checkbox"/> Specification [Total Pages = 48 + abstract] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed Sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets = 7] 4. Oath or Declaration [Total Pages = 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies <b>ACCOMPANYING APPLICATION PARTS</b> 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of Statement (IDS)/PTO-1449 IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Stmt. filed in prior application, Statement(s) Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Other: _____ _____ _____ _____
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17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:  
☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No. 09/082,349.  
 Prior application information: Examiner: \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

<b>18. CORRESPONDENCE ADDRESS</b>					
<input type="checkbox"/> Customer Number or Bar Code Label			(Insert Customer No. or attach bar code label)		
			or <input checked="" type="checkbox"/> Correspondence address below		
NAME	Robert B. Aylor--Box 129				
	The Procter & Gamble Company				
ADDRESS	Sharon Woods Technical Center				
	11520 Reed Hartman Highway				
CITY	Cincinnati	STATE	OH	ZIP CODE	45241-2422
COUNTRY	U.S.	TELEPHONE	(513) 626-3388	FAX	(513) 626-1933

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	35-20=	15	x \$18.00 =	\$270.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	7-3=	4	x \$78.00 =	\$312.00
	MULTIPLE DEPENDENT CLAIMS (if applicable)(37 CFR 1.16(d))			+ \$260.00 =	\$0
				BASIC FEE (37 CFR 1.16(a))	\$760.00
	Total of above Calculations =				\$1342.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				\$0
	TOTAL =				\$1342.00


## 19. Small entity status:

- a. ☐ A small entity statement is enclosed.  
 b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.  
 c. ☐ Is no longer claimed.

## 20. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 16-2480:

- a. ☒ Fees required under 37 CFR 1.16.  
 b. ☒ Fees required under 37 CFR 1.17.  
 c. ☐ Fees required under 37 CFR 1.18.

21. ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.22. ☐ Other: \_\_\_\_\_**23. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME	Jason J. Camp (P-44,582)
SIGNATURE	
DATE	October 1, 1999


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Date of Deposit October 1, 1999

I hereby certify that this paper/fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Assistant Commissioner for Patents, Washington, D.C. 20231.

Jason J. Camp P-44,582  
 Attorney mailing application Reg. No.

  
 Signature of Attorney mailing application